

Social Security Administration <div style="text-align: center;">SSA REQUEST FOR CASE ACTION</div>		TOE CODE FILE NO.	REQUEST CODE DATE
TO: (NAME OF DDS)	DDS CODE	SOCIAL SECURITY NUMBER NAME OF DISABLED INDIVIDUAL	
FROM: <input type="checkbox"/> CO-MOD _____ <input type="checkbox"/> _____ RO-DQB <input type="checkbox"/> _____ PSC-DRS		WAGE EARNER'S NAME, IF AUXILIARY FILING TYPE CLAIM (TITLE II) DIB <input type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> P-R <input type="checkbox"/> P-D <input type="checkbox"/> MQFE <input type="checkbox"/>	
INITIAL <input type="checkbox"/> RECONSIDERATION <input type="checkbox"/> REOPENING <input type="checkbox"/> CONTINUING DISABILITY <input type="checkbox"/>	TYPE CLAIM (TITLE XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>		
PLEASE TAKE APPROPRIATE ACTION AS INDICATED BELOW			
A. Action Requested 1. <input type="checkbox"/> Prepare determination as to: a. <input type="checkbox"/> Disability - Form SSA-831-U5 b. <input type="checkbox"/> Continuance or cessation - Form SSA-832-U5 or SSA-833-U5 c. <input type="checkbox"/> Impairment severity - EPE Case - Form SSA-832-U5 or SSA-833-U5 2. <input type="checkbox"/> Review - new evidence received subsequent to your determination 3. <input type="checkbox"/> Other (see remarks)		B. Case Characteristics 1. <input type="checkbox"/> QC requirement last met _____ 2. <input type="checkbox"/> Prescribed period begins _____ and ends _____ 3. <input type="checkbox"/> Prior denial was on a nondisability factor - a determination as to disability is now necessary 4. <input type="checkbox"/> Transfer of jurisdiction under Federal/State agreement (see A.1) 5. <input type="checkbox"/> New application after ALJ or AC decision - period rules on by ALJ or AC through _____	

REMARKS:

☐ CONTINUED ON
☐ ATTACHED SHEET

ENCLOSURE: Disability File